

1636 #

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# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/875,494
Filing Date	June 5, 2001
First Named Inventor	Tseng-hui Timothy Chen
Group Art Unit	1636
Examiner Name	David A. Lambertson
Attorney Docket No.	012/01US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): _____
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Kristen K. Walker Registration No. 52,335	
Signature	Kristen Walker	
Date	22 November '01	

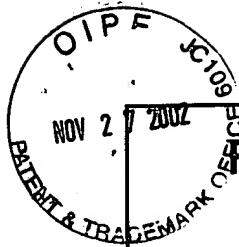
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Typed or printed name	Kelli J. Endreson	
Signature	Kelli J. Endreson	Date: 11/22/2002



# FEET TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

Complete if Known	
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METHOD OF PAYMENT																																																				
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																				
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0597 Deposit Account Name: Corixa Corporation																																																				
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to the above-identified deposit account. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																																																				
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\*\*or number previously paid, if greater; For Reissues, see above

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SUBMITTED BY			
Name (Print/Type)	Kristen K. Walker	Registration No. Attorney/Agent	52,335
Firm Name/Address	Corixa Corporation, 1124 Columbia St., Suite 200, Seattle, WA 98104		
Signature	Kristen Walker	Date	22 NOV. '02



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